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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005176 (2)**

1. Corporation Name

ST. PAULS ANGLICAN CHURCH, INC.

Principal Place of Business
7200 N. WICKHAM RD.
~~21 SUNTREE PLACE~~
MELBOURNE FL 32940

Mailing Address
7200 N WICKHAM RD.
~~21 SUNTREE PLACE~~
MELBOURNE FL 32940-7689

3. Date Incorporated or Qualified: **10/19/1994**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3276703**
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KITE-POWELL, RUFUS B REV.
~~21 SUNTREE PLACE~~ 7200 N. WICKHAM RD.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KITE-POWELL, RUFUS B REV.		1.2 NAME	KITE-POWELL, RUFUS B. REV	
STREET ADDRESS	~~21 SUNTREE PLACE~~		1.3 STREET ADDRESS	7200 N. WICKHAM RD.	
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHENCK, JAY G.M.		2.2 NAME		
STREET ADDRESS	3815 N. INDIAN RIVER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COOTE, WILBUR		3.2 NAME		
STREET ADDRESS	623 CASA GRANDE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAZENBY, ELENOR M		4.2 NAME		
STREET ADDRESS	1167 SAND DUNE LANE, #206		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PENNINGTON, BOB		5.2 NAME		
STREET ADDRESS	1522 FRONTIER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HIGBIE, SUSAN		6.2 NAME		
STREET ADDRESS	3512 SAMUEL PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILBUR COOTE 2/10/97 407-259-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0019776